

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 11/07/01?
 - b. The request was received on 03/04/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60 and Letter Requesting Dispute Resolution dated 05/01/02
 - b. HCFAs
 - c. EOBs
 - d. Reimbursement data (EOBs from other carriers)
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 05/21/02
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 05/16/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/17/02. The response from the insurance carrier was received in the Division on 05/29/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 05/01/02
"The disputed issue is that the Carrier has paid \$69.95 for the hot/cold universal wrap stating no MAR reduced to fair and reasonable. They denied payment for the aloe stating carrier is not responsible for over the counter medication reimbursement. We resubmitted the claims to the Carrier requesting reconsideration. The Carrier denied the request for additional payment for the universal wrap stating no MAR reduced to fair and

reasonable, the audit will stand. They denied payment again on the aloe this time stating unbundling, the audit will stand.”

2. Respondent: letter dated 05/21/02
 “Carrier believes it has paid Requestor appropriately and stands by the attached EOBs and letter of explanation from C____. Because Requestor failed to document the alleged separate medical use of the Coats Aloe, the Carrier considered it supplies and part of the simultaneous submission for the hot/cold wrap.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 11/07/01.
2. The carrier’s EOB has the denials “M – NO MAR SET BY TWCC-REDUCED TO FAIR AND REASONABLE” and “G – UNBUNDLING.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
1107/01	E1399 (ALT H/C Univ. Wrap)	\$139.90	\$69.95	M	DOP	Texas Workers’ Compensation Act & Rules, Sec. 413.011 (d), MFG, GI (III)	The MFG, GI (III) states, “(DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill.” This places the burden on the provider to show what is fair and reasonable reimbursement. The provider has submitted EOBs in an effort to document fair and reasonable reimbursement. However, analysis of recent SOAH decisions indicate minimal weight should be given to EOBs when documenting fair and reasonable reimbursement. The willingness of some carriers to reimburse at or near the billed amount does not necessarily document that the billed amount is fair and reasonable and does not show how effective medical cost control is achieved, a criteria identified in Sec. 413.011(d) of the Texas Labor Code. Therefore, based on the documentation available for review, no additional reimbursement is recommended.
11/07/01	E1399 (1 liter Coats Aloe)	\$57.73	\$0.00	G	DOP	MFG DME GR (IV) & (X)(C)	The carrier’s position is that the Coats Aloe is global to the \$85.00 reimbursed for supplies. However, the documentation indicates the \$85.00 reimbursement was for supplies associated with a stimulator and referenced in the MFG DME GR (X)(C). The dispute packet contains adequate documentation that the Aloe was provided and billed correctly. Therefore, reimbursement of \$57.73 is recommended.
Totals		\$197.63	\$69.95				The Requestor is entitled to additional reimbursement of \$57.73.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$57.73 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25th day of June, 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.